

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 413)**

SERIAL NO.
10704891
APPLICANT

FILING DATE

99-06-20 CLAIMS

	AS FILED		AFTER 1st ALLOWANCE		AFTER 2nd ALLOWANCE	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1			1			
2				1		
3				1		
4				1		
5				1		
6			1			
7				1		
8				1		
9				1		
10				1		
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45						
46						
47						
48						
49						
50						
TOTAL NO.			3			
TOTAL OFF.			8			
TOTAL			11			

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
62						
63						
64						
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100						
TOTAL NO.						
TOTAL OFF.						
TOTAL						